

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/597896</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/	/			52						
3	/	/	/	/			53						
4		<del>0</del>		/			54						
5		<del>0</del>		/			55						
6		<del>0</del>		/			56						
7		<del>0</del>		/			57						
8		<del>0</del>		/			58						
9		<del>0</del>		/			59						
10		<del>0</del>		/			60						
11		<del>0</del>		/			61						
12		<del>0</del>		/			62						
13		<del>0</del>		/			63						
14		<del>0</del>		/			64						
15		<del>0</del>		/			65						
16		<del>0</del>					66						
17		<del>0</del>					67						
18		<del>0</del>					68						
19		<del>0</del>					69						
20		<del>0</del>					70						
21		<del>0</del>					71						
22		<del>0</del>					72						
23		/		/			73						
24				/			74						
25							75						
26							76						
27							77						
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29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	23		17				TOTAL CLAIMS						